

ACC Rockies March 10-13, 2019

Faculty Conflict Of Interest Disclosure



If any potentially conflicting interests exist with respect to presentation content, there is an obligation to disclose this conflict.

Please return completed form to Karen Earl:

Email: karen@ebminc.ca

Fax: (905) 607-3163

Please Check One:	
<input type="checkbox"/>	I do not have an affiliation (financial or otherwise) with a commercial organization within the previous two (2) years that may have a direct or indirect connection to the content of this presentation.
<input checked="" type="checkbox"/>	I have/had an affiliation (financial or otherwise) with a commercial organization within the previous two (2) years that may have a direct or indirect connection to the content of this presentation.
If this option applies, please provide details by completing the rest of this form.	
Relevant Disclosure Relationships	
1. Consulting Fees/Honoraria:	
<i>Including honoraria from a third party, gifts or other consideration, or "in kind" compensation, whether for consulting, lecturing, travel, service on an advisory board, legal testimony or consultation for any other similar purpose in the prior two calendar years.</i>	
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Johnson & Johnson
<input checked="" type="checkbox"/> Abbott Vascular	<input checked="" type="checkbox"/> Medtronic
<input type="checkbox"/> AstraZeneca	<input type="checkbox"/> Merck
<input type="checkbox"/> Bayer	<input type="checkbox"/> Novartis
<input type="checkbox"/> Boehringer Ingelheim	<input type="checkbox"/> Pfizer
<input type="checkbox"/> Boston Scientific	<input type="checkbox"/> Roche
<input type="checkbox"/> Bristol-Myers Squibb	<input type="checkbox"/> sanofi
<input type="checkbox"/> Edwards Lifesciences	<input type="checkbox"/> Schering Plough
<input type="checkbox"/> Eli Lilly	<input type="checkbox"/> Servier
<input type="checkbox"/> GlaxoSmithKline	<input checked="" type="checkbox"/> St. Jude Medical
Other, please specify:	
2. Officer, Director, Or In Any Other Fiduciary Role:	
<i>Whether or not remuneration is received for service.</i>	
<input checked="" type="checkbox"/>	None
<input type="checkbox"/>	Yes, please specify the company/organization:

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<p>3. Clinical Trials: <i>Participating in a clinical trial sponsored by a commercial organization that may have a direct or indirect connection to the content of my presentation.</i></p> <table border="0"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Johnson & Johnson</td> </tr> <tr> <td><input type="checkbox"/> Abbott Vascular</td> <td><input checked="" type="checkbox"/> Medtronic</td> </tr> <tr> <td><input type="checkbox"/> AstraZeneca</td> <td><input type="checkbox"/> Merck</td> </tr> <tr> <td><input type="checkbox"/> Bayer</td> <td><input type="checkbox"/> Novartis</td> </tr> <tr> <td><input type="checkbox"/> Boehringer Ingelheim</td> <td><input type="checkbox"/> Pfizer</td> </tr> <tr> <td><input checked="" type="checkbox"/> Boston Scientific</td> <td><input type="checkbox"/> Roche</td> </tr> <tr> <td><input type="checkbox"/> Bristol-Myers Squibb</td> <td><input type="checkbox"/> sanofi</td> </tr> <tr> <td><input type="checkbox"/> Edwards Lifesciences</td> <td><input type="checkbox"/> Schering Plough</td> </tr> <tr> <td><input type="checkbox"/> Eli Lilly</td> <td><input type="checkbox"/> Servier</td> </tr> <tr> <td><input type="checkbox"/> GlaxoSmithKline</td> <td><input type="checkbox"/> St. Jude Medical</td> </tr> <tr> <td colspan="2">Other, please specify:</td> </tr> </table>		<input type="checkbox"/> None	<input type="checkbox"/> Johnson & Johnson	<input type="checkbox"/> Abbott Vascular	<input checked="" type="checkbox"/> Medtronic	<input type="checkbox"/> AstraZeneca	<input type="checkbox"/> Merck	<input type="checkbox"/> Bayer	<input type="checkbox"/> Novartis	<input type="checkbox"/> Boehringer Ingelheim	<input type="checkbox"/> Pfizer	<input checked="" type="checkbox"/> Boston Scientific	<input type="checkbox"/> Roche	<input type="checkbox"/> Bristol-Myers Squibb	<input type="checkbox"/> sanofi	<input type="checkbox"/> Edwards Lifesciences	<input type="checkbox"/> Schering Plough	<input type="checkbox"/> Eli Lilly	<input type="checkbox"/> Servier	<input type="checkbox"/> GlaxoSmithKline	<input type="checkbox"/> St. Jude Medical	Other, please specify:	
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Other, please specify:																							
<p>4. Ownership/Partnership/Principal: <i>Excluding mutual diversified funds.</i></p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> Yes, please specify the company/organization:</p>																							
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I confirm that as a faculty speaker at ACC Rockies, I will indicate to the audience the existence of any potential bias, direct or indirect, that might be perceived to influence my presentation(s).

Printed Name

Vikas Kurian

Signature

Date

Feb 27/19

Please return completed form to Karen Earl: email karen@ebminc.ca or fax (855) 877-7741.